




Colorado Department
of Public Health
and Environment

ASBESTOS/DEMOLITION NOTIFICATION and PERMIT MODIFICATION FORM

Submit form to:
Permit Coordinator
Colorado Dept. of Public Health
and Environment
APCD-IE-B1
4300 Cherry Creek Drive South
Denver, CO 80246-1530
Phone: 303-692-3100
Fax: 303-782-0278
asbestos@state.co.us

Name of Facility: Eaton Sugar Beet Factory	Facility Location: Eaton, CO	 1274741 - R8 SDMS
GAC/Consultant: Environmental Restoration	Phone # (303) 382 1258	
E-mail Address: m.francis@erllc.com	Permit Number (if already issued): 81449	

Please check the appropriate box(es) in A, B and C, as applicable:

- A. Upgrade to: ☐ 30-day permit ☐ 90-day permit ☒ 1-year permit
- B. ☐ Request to cancel above notice/permit. (All but \$80 of the application fee will be returned. If you paid by check or money order, a state of Colorado Warrant will be mailed to the company appearing in the contractor box on the application. If you paid by credit card, a credit will be issued to the same account used to pay for the original application fee.)
- C. Change in:
- ☐ Supervisor: _____ Certification # _____
- ☐ A.M.S.: _____ Certification # _____
- ☐ Project Manager: _____ Certification # _____
- ☐ Start Date: _____ ☐ End Date: _____
- ☐ Work Times: _____ ☐ Disposal Site: _____ ☐ County: _____
- ☐ Additional Scope of work (include type of ACM, quantity, location in or on facility and work practices):

Change in sequencing: As discussed with Jeff Adams during inspection, Area 3 will be cleaned prior to Area 2. The change of sequencing will prevent the need to construct a containment pathway through an already cleaned area. Workers will leave Area 3 and travel through "dirty" Area 2 to reach the decon facilities. Once Area 3 is cleared it will be sealed off and work will begin in Area 2.

I certify that I am the person authorized to sign this modification on behalf of the General Abatement Contractor and that all statements made in this modification are, to the best of my knowledge, correct and complete. (Note: Making false statements on this application constitutes second-degree perjury as defined by 18-8-503 C.R.S., and is punishable by law.)

Authorized Representative Signature

Date

Printed Name

Position or Title

THIS BOX IS FOR CDPHE USE ONLY:

Postmark or Hand Delivery Date:

Approved By:

Code:

Form of Payment & #:

Permit #:

Record #:

Date Issued: